

# Surrogate Parent Volunteer Application

**Instructions:** Download form, complete all areas, save, and submit to ADE Surrogate Parent Coordinator by email to [surrogateparents@azed.gov](mailto:surrogateparents@azed.gov) or by fax to (602) 542-5404.

NAME:	SSN (optional):	
ADDRESS: <div style="text-align: center; font-size: small;">(STREET, PO BOX, APT NO)</div>		
CITY, STATE, ZIP CODE:		
COUNTY:		
E-MAIL:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
LANGUAGES SPOKEN (CHECK ALL THAT APPLY):		
<input type="checkbox"/> English	<input type="checkbox"/> Navajo	<input type="checkbox"/> German
<input type="checkbox"/> Spanish	<input type="checkbox"/> Italian	<input type="checkbox"/> Other:
CONFLICT OF INTEREST DISCLOSURE: (CHECK ONE ONLY)		
<input type="checkbox"/> I have no conflicts of interest.		
<input type="checkbox"/> I am an employee of a school district or charter school. School name:		
<input type="checkbox"/> I am an employee of an agency involved in the care of youth. Agency name:		
<input type="checkbox"/> I am an employee of an agency involved in the placement of youth. Agency name:		
VERIFICATION OF QUALIFICATIONS (PLEASE ATTACH DOCUMENTATION/PHOTOCOPY):		
<input type="checkbox"/> I have been trained in the special education process and possess the knowledge and skills that will ensure adequate representation of the child, as determined by the Arizona Department of Education (ADE).		
<b>AND</b>		
<input type="checkbox"/> I have a valid fingerprint clearance card issued by the Arizona Department of Public Safety <b>OR</b>		
<input type="checkbox"/> I have passed all screening requirements for the Arizona CASA program. <b>OR</b>		
<input type="checkbox"/> I have passed all screening requirements to volunteer at my public school district.		
STATEMENT OF RESPONSIBILITY:		
I verify that all of the information provided above is accurate. I understand that acting as a surrogate parent means I am responsible for representing the child in all matters related to special education identification, evaluation, placement and provision of services.		
_____ SIGNATURE		_____ DATE